

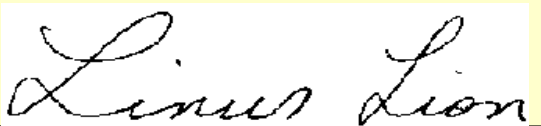
## CORPORATE BOARD OF DIRECTORS RESOLUTION

State of OZCounty of MUNCHKIN

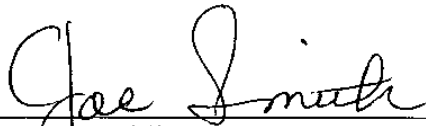
On the **First** day of **February, 2001** at a meeting of the Board of Directors of **The Dipsy Doodle Agency**, a Corporation, held in the City of **Lollipop, Munchkin** County, with a quorum of the directors present, the following business was conducted: It was duly moved and seconded that the following resolution be adopted: **BE IT RESOLVED** that the Board of Directors of the above Corporation do hereby authorize **The Star Wizard, Executive Director** and his successors in office to negotiate, on terms and conditions that he may deem advisable, a contract or contracts with Oz Department of Human Resources, and to execute the contract or contracts on behalf of the Corporation, and further we do hereby give him the power and authority to do all things necessary to implement, maintain, amend, or renew the contract.

The above resolution was passed by a majority of those present and voting in accordance with the bylaws and Articles of Incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of **The Dipsy Doodle Agency** held on the **First** day of **February, 2001**.

  
 \_\_\_\_\_  
**Linus Lion, Board Chairperson**

Subscribed and sworn before me, The Tin Man, a Notary Public, for the County of Munchkin, on the 2<sup>nd</sup> day of February, 2001.

  
 \_\_\_\_\_  
 Notary Public  
 Notary Public, County of Munchkin  
 State of Oz

1.RECIPIENT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
**FINANCIAL ASSISTANCE AWARD**

**SAI NUMBER:** T-44  
**PMS DOCUMENT NUMBER:**  
06CH0008/12

<b>1. AWARDING OFFICE:</b> Regn Vi For Children And Families		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant		<b>3. AWARD NO.:</b> 06CH0008/12		<b>4. AMEND. NO.:</b>	
<b>5. TYPE OF AWARD:</b> SERVICE		<b>6. TYPE OF ACTION:</b> Non-competing Continuation		<b>7. AWARD AUTHORITY:</b> 42 USC 9801 ET SEQ.			
<b>8. BUDGET PERIOD:</b> 06/01/2001 THRU 05/31/2002		<b>9. PROJECT PERIOD:</b> INDEFINITE			<b>10. CAT NO.:</b> 93600		
<b>11. RECIPIENT ORGANIZATION:</b> Dipsy Doodle Community Action Program 2710 Wall Street Lollipop OK 12345 Linus Lion, Board President					<b>12. PROJECT / PROGRAM TITLE:</b> Head Start		
<b>13. COUNTY:</b> OKMULGEE		<b>14. CONGR. DIST:</b> 01		<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> The Star Wizard, Executive Director			

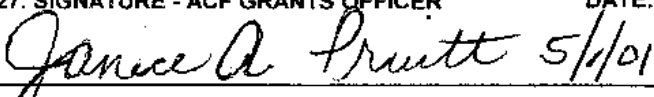
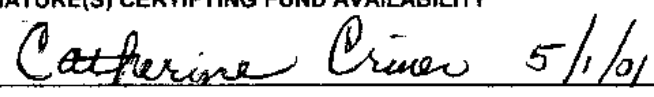

16. APPROVED BUDGET			17. AWARD COMPUTATION:			
Personnel.....	\$	587,640	A. NON-FEDERAL SHARE	\$	234,478	20.00 %
Fringe Benefits.....	\$	140,843	B. FEDERAL SHARE	\$	937,909	80.00 %
Travel.....	\$	4,899	18. FEDERAL SHARE COMPUTATION:			
Equipment.....	\$	0	A. NON-FEDERAL SHARE	\$	937,909	
Supplies.....	\$	12,992	B. UNOBLIGATED BALANCE FEDERAL SHARE	\$	4,256	
Contractual.....	\$	76,079	C. FED. SHARE AWARDED THIS BUDGET PERIOD.	\$	933,653	
Facilities/Construction.....	\$	0	19. AMOUNT AWARDED THIS ACTION:		\$	933,653
Other.....	\$	115,456	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		\$	933,653
Direct Costs.....	\$	937,909				
Indirect Costs.....	\$	0	21. AUTHORIZED TREATMENT OF PROGRAM INCOME: DEDUCTIVE			
In Kind Contributions.....	\$	0	22. APPLICANT EIN:		23. PAYEE EIN:	24. OBJECT CLASS:
Total Approved Budget (**)..	\$	937,909	1-760539514-A1		1-760539514-A1	41.51

**25. FINANCIAL INFORMATION:**

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
R06	06CH000812	75-2-1536	2002 G064122	\$919,695		
R06	06CH000812	75-2-1536	2002 G064120	\$13,958		
R06	06CH000810	75-2-1536	2002 G064122		(\$4,256)	
R06	06CH000812	75-2-1536	2002 G064122		\$4,256	

**26. REMARKS:** (Continued on separate sheets)

Client Population: 277.  
This grant is paid by the Payment Management System (PMS) See attached payment info.  
Attached are terms and conditions, reporting requirements, and payment instructions.  
Initial expenditure of funds by the grantee constitutes acceptance of this award.  
This award is subject to ACF regulations codified at 45 CFR 1301, 1302, 1303, 1304, 1305, 1306 and 1308.  
(\*\*)Reflects only federal share of approved budget.

<b>27. SIGNATURE - ACF GRANTS OFFICER</b>  5/1/01		<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b>  5/1/01	
<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b> 		<b>DATE:</b> 5/1/01	

1.RECIPIENT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
**FINANCIAL ASSISTANCE AWARD**

**SAI NUMBER:** **T-45**  
**PMS DOCUMENT NUMBER:**  
06CH0008/12

<b>1. AWARDING OFFICE:</b> Regn Vi For Children And Families		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant		<b>3. AWARD NO.:</b> 06CH0008/12		<b>4. AMEND. NO.</b>	
<b>5. TYPE OF AWARD:</b> SERVICE		<b>6. TYPE OF ACTION:</b> Non-competing Continuation		<b>7. AWARD AUTHORITY:</b> 42 USC 9801 ET SEQ.			
<b>8. BUDGET PERIOD:</b> 06/01/2001 <b>THRU</b> 05/31/2002		<b>9. PROJECT PERIOD:</b> 06/01/1990 <b>THRU</b>			<b>10. CAT NO.:</b> 93600		
<b>11. RECIPIENT ORGANIZATION:</b> Dipsy Doodle Community Action Program							

**26. REMARKS:** (Continued from previous page)  
Actual unobligated balance of \$4,256 is withdrawn from PY 10 and applied to current program year.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)**

**STANDARD TERMS AND CONDITIONS -- DISCRETIONARY GRANTS**

The attached Financial Assistance Award is subject to Federal legislation and to DHHS and ACF regulations and policies. These include the following:

1. For institutions of higher education, hospitals, other non-profit organizations, and commercial (for-profit) organizations, Title 45 of the Code of Federal Regulations (45 CFR) Part 74, *"Uniform Administrative Requirements for Awards and Subawards to Institutes of Higher Education, Hospitals, Other Non-Profit Organizations; and Commercial Organizations; and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments."* [<http://www.hhs.gov/progorg/grantsnet/adminis/cfr45.html>]
2. For States, local governments and Federally recognized Indian Tribes, 45 CFR Part 92, *"Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments."* [<http://www.hhs.gov/progorg/grantsnet/adminis/cfr45.html>]
3. Other DHHS regulations codified in Title 45 of the Code of Federal Regulations [<http://www.hhs.gov/progorg/grantsnet/adminis/cfr45.html>]:

- Part 16 - Procedures of the Departmental Grant Appeals Board
- Part 30 - Claims Collection
- Part 46 - Protection of Human Subjects
- Part 76 - Governmentwide Debarment and Suspension (Non-Procurement) and Governmentwide Requirements for Drug-Free Workplace (Grants)
- Part 80 - Nondiscrimination Under Programs Receiving Federal Assistance through the DHHS Effectuation of Title VI of the Civil Rights Act of 1964
- Part 81 - Practice and Procedure for Hearings Under Part 80 of This Title
- Part 84 - Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance
- Part 86 - Nondiscrimination on the Basis of Sex in Education Programs and Activities Receiving or Benefiting From Federal Financial Assistance
- Part 91 - Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance
- Part 93 - New Restrictions on Lobbying
- Part 100 - Intergovernmental Review of DHHS Programs and Activities

For Head Start Programs [<http://www2.acf.dhhs.gov/programs/hsb/html/regulations.html>]

- Part 1301 - Head Start Grants Administration
- Part 1302 - Policies and Procedures for Selection, Initial Funding, and Refunding of Head Start Grantees, and for Selection of Replacement Grantees
- Part 1303 - Appeal Procedures for Head Start Grantees and Current or Prospective Delegate Agencies
- Part 1304 - Program Performance Standards for the Operation of Head Start Programs by Grantee and Delegate Agencies
- Part 1305 - Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start
- Part 1306 - Head Start Staffing Requirements and Program Operations
- Part 1308 - Head Start Program Performance Standards on Services for Children with Disabilities
- Part 1309 - Head Start Facilities Purchase
- Part 1310 - Head Start Transportation

## For Runaway and Homeless Youth Programs

### Part 1351 - Runaway and Homeless Youth Program

4. 37 CFR Part 401 - Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts, and Cooperative Agreements.  
[\[http://www.access.gpo.gov/nara/cfr/waisidx/37cfr401.html\]](http://www.access.gpo.gov/nara/cfr/waisidx/37cfr401.html)
5. The recipient organization must carry out the project according to the application as approved by the Administration for Children and Families (ACF), including the proposed work program and any amendments, all of which are incorporated by reference in these terms and conditions.
6. If this is a multi-year project and it is not the final budget period, the grantee is advised that future awards for continuation of this project will be dependent upon the availability of Federal funds, satisfactory progress by the grantee, and ACF's determination that continued funding is in the best interest of the Federal government.
7. Grantees shall liquidate all obligations incurred under the award not later than 90 days after the end of the project period. The only exceptions to this rule are the basic Head Start grants with an indefinite project period. For these grants, liquidation of obligations should occur not later than 90 days after each budget period. In either case, an unobligated balance from a prior budget period does not authorize a grantee to obligate funds in excess of the total federally approved budget reflected on the FAA for the current budget period.
8. The DHHS Inspector General maintains a toll free number, **800-HHS-TIPS** (800-447-8477), for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.  
[\[http://www.dhhs.gov/progorg/oei/hotline/hhshot.html\]](http://www.dhhs.gov/progorg/oei/hotline/hhshot.html)
9. The grantee will take all necessary affirmative steps to ensure that small, minority and woman-owned business firms are utilized when possible as sources of supplies, services, equipment and construction. To the extent practicable, all equipment and products purchased with funds made available through this award should be American-made.
10. Failure to submit reports (i.e., financial, progress, or other required reports) on time may be the basis for withholding financial assistance payments, suspension, termination or denial of refunding. A history of such unsatisfactory performance may result in designation of "high risk" status for the recipient organization and may jeopardize potential future funding from DHHS.
11. Under Section 508 of Public Law 103-333, the following condition is applicable to all Federal awards:  
  
"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) the percentage and dollar amount of total costs of the project or program that will be refinanced by nongovernmental sources."

12. Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children's Act of 1994 requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment.  
[<http://www.ed.gov/legislation/GOALS2000/TheAct/sec1043.html>]
13. For purposes of this award each item of equipment with an acquisition cost of less than \$5,000 is included under supplies, is allowable as a direct cost of this project, and does not require prior approval of the Grants Officer. Conversely, an item of equipment with an acquisition cost of \$5,000 or more is NOT considered an allowable project cost without prior written approval of the Grants Officer.
14. The Grantee shall comply with all provisions of OMB Circular A-133 (revised June 24, 1997), "*Audits of States, Local Governments and Non-Profit Organizations*."  
[<http://www.whitehouse.gov/WH/EOP/OMB/html/circulars/a133/a133.html>] Grantees that expend a total of \$300,000 or more in federal funds are required to submit an annual audit within nine months after the end of the audit period. The Reporting Package should include: 1) SF-SAC-Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations  
[<http://harvester.census.gov/sac/mstempl.html>]; 2) Summary of prior audit findings; 3) Auditors reports; and 4) Corrective action plans. Copies of this Reporting Package are to be sent to: Single Audit Clearinghouse, Bureau of the Census, 1201 E. 10<sup>th</sup> Street, Jeffersonville, Indiana 47132. The Grantee is requested to send a courtesy copy of the Reporting Package with a copy of any management letters issued by the auditor to: ACF Grants Officer, Administration for Children and Families, [fill in RO address].
15. Grantees shall comply with the particular set of federal cost principles that applies in determining allowable costs. Allowability of costs shall be determined in accordance with the cost principles applicable to the entity incurring the costs:
  - The allowability of costs incurred by State, local or federally-recognized Indian tribal governments is determined in accordance with the provisions of OMB Circular A-87, "*Cost Principles for State and Local Governments*." [<http://www.whitehouse.gov/WH/EOP/OMB/html/circulars/a087/a087-all.html>]
  - The allowability of costs incurred by nonprofit organizations (except for those listed in Attachment C of Circular A-122) is determined in accordance with the provisions of OMB Circular A-122, "*Cost Principles for Nonprofit Organizations*" and paragraph (b) of 45 CFR §74.27.  
[<http://www.whitehouse.gov/WH/EOP/OMB/html/circulars/a122/a122.html>]
  - The allowability of costs incurred by institutions of higher education is determined in accordance with the provisions of OMB Circular A-21, "*Cost Principles for Educational Institutions*":  
[<http://www.whitehouse.gov/WH/EOP/OMB/html/circulars/a021/a021.html>]
  - The allowability of costs incurred by hospitals is determined in accordance with the provisions of Appendix E of 45 CFR Part 74, "*Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals*."
  - The allowability of costs incurred by commercial organizations and those non-profit organizations listed in Attachment C to Circular A-122 is determined in accordance with the provisions of the federal Acquisition Regulation (FAR) at 48 CFR Part 31, except that independent research and development costs are unallowable.

## STANDARD FORM 269 - FINANCIAL STATUS REPORT DUE DATES

BUDGET PERIOD	SECOND QUARTER	FOURTH QUARTER	FINAL REPORT
01/01 – 12/31	07/31	01/31	03/31
02/01 – 01/31	08/31	02/28 *	04/30
03/01 – 02/28 *	09/30	03/31	05/31
04/01 – 03/31	10/31	04/30	06/30
05/01 – 04/30	11/30	05/31	07/31
06/01 – 05/31	12/31	06/30	08/31
07/01 – 06/30	01/31	07/31	09/30
08/01 – 07/31	02/28 *	08/31	10/31
09/01 – 08/31	03/31	09/30	11/30
10/01 – 09/30	04/30	10/31	12/31
11/01 – 10/31	05/31	11/30	01/31
12/01 – 11/30	06/30	12/31	02/28 *

The Final Standard Form 269 for each budget period should provide in line 12 of the “Remarks” section, Total Expenditures (Net Outlays as per line 10d) for the following specific activities of the Head Start program:

1. Disabilities Expenditures  
(Formerly program account 26)
2. Training and Technical Assistance Expenditures  
(Program account 20)
3. Development/Administrative Expenditures
4. USDA Reimbursements

All disbursed program income must be reported on lines 10q through 10t. If the deductive alternative method has been used for adjusting program income, line 10c must be completed. If the matching or cost sharing alternative method has been used for adjusting program income, line 10g must be completed.

Grantees with approved indirect costs must complete lines 11a through 11e according to the instructions printed on the back of the 269 form.

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(\*) February 29<sup>th</sup> Leap Year

# What Changes Require Prior Approval?



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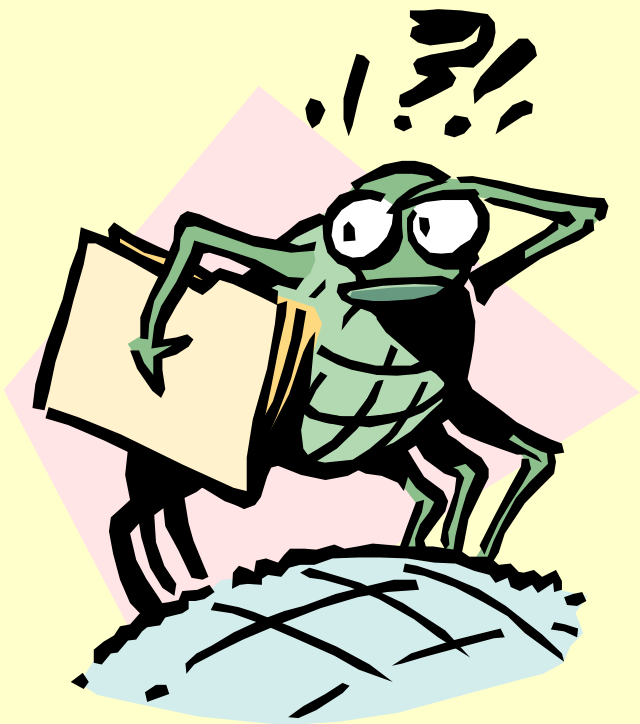
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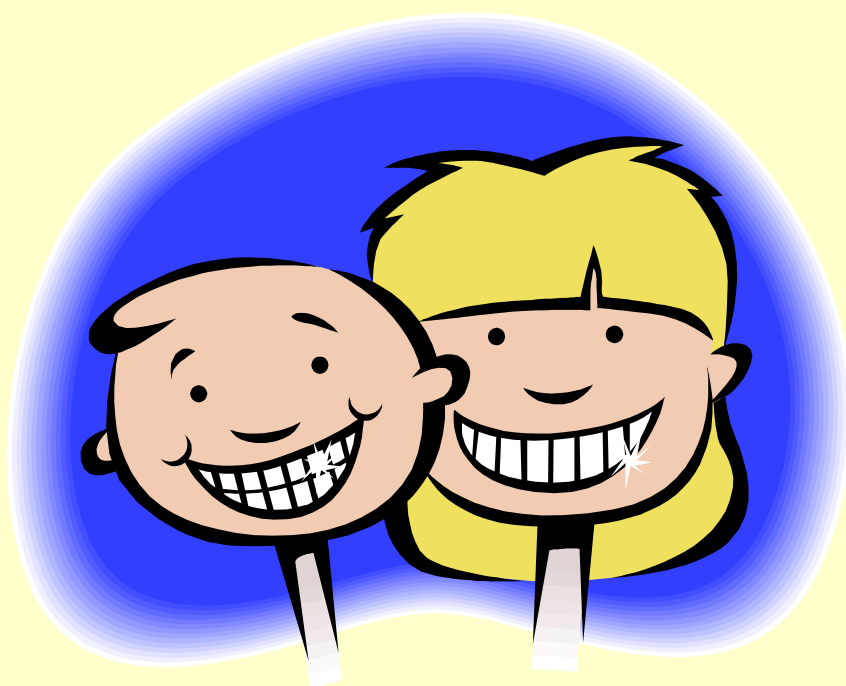


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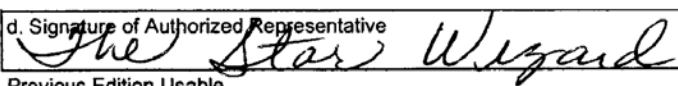
# **BUDGET REVISION**

## **BUDGET REVISION APPLICATION REQUIREMENTS**

- ☞ SF 424 (Application for Federal Assistance)
- ☞ SF 424A (1-2) (Budget Information Non-Construction Programs)
- ☞ Budget Justification (Breakdown) For Increased Object Class Categories
- ☞ Equipment Justification/Breakdown (*If being requested*)
- ☞ Renovation Justification/Breakdown (*If being requested*)
- ☞ Program Narrative Statement
- ☞ Policy Council Approval (Must be Signed by the Policy Council Chairperson)
- ☞ Copy of Delegation for Authorizing Official (Executive Director or designated individual)



**BUDGET**

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED: 12/15/2001		Applicant Identifier <div style="text-align: right; font-size: 1.5em; font-weight: bold;">T-54</div>	
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE:	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06CH0008/12	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Dipsy Doodle Community Action Program			Organizational Unit: Head Start		
Address (give city, county, state, and zip code) 2710 Wall Street Lollipop, OK 12345			Name and telephone number of the person to be contacted on matters involving this Budget Man (123) 456-7890 Penny Dollar (123) 456-7790		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) <div style="border: 1px solid black; padding: 2px; display: inline-block;">76 — 0539514</div>			7. TYPE OF APPLICANT (enter appropriate letter in box) <input type="checkbox"/>		
8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(ex): <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): <u>Budget Revision</u>			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)    NON-PROFIT		
			9. NAME OF FEDERAL AGENCY Region VI Administration for Children and Families		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">93</div> • <div style="border: 1px solid black; padding: 2px; display: inline-block;">60</div> TITLE: Full Year Head Start			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Comprehensive Pre-School Child Development Program		
12. AREAS AFFECTED BY PROJECT Okmulgee County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 6/01/2001	Ending Date 5/31/2002	a. Applicant 01		b. Project 01	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a Federal	\$ 937,909 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b Applicant	\$ .00				
c State	\$ .00				
d Local	\$ 234,478 .00				
e Other	\$ .00				
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g Total	\$ 1,172,387 .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a Typed Name of Authorized Representative THE STAR WIZARD		b Title Executive Director		c Telephone number (123) 456-7890	
d. Signature of Authorized Representative 		e. Date Signed 12/15/01			

# BUDGET INFORMATION -Non-Construction Programs

OMB Approval No. 0348-0044

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. PA22	93.600	\$	\$	923,951	230,988	1,154,939
2. PA20	93.600			13,958	3,490	17,448
3.						
4.						
5. Totals		\$	\$	937,909	234,478	1,172,389

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PA22	(2) +/- PA22	(3) PA20	(4)	
a. Personnel	\$ 591,785	\$ (17,000)	\$	\$	\$ 574,785
b. Fringe Benefits	140,843	(28,000)			112,843
c. Travel	6,399				6,399
d. Equipment		20,000			20,000
e. Supplies	12,992				12,992
f. Contractual	-0-				
g. Construction	-0-	25,000			25,000
h. Other	171,932		13,958		185,890
i. Total Direct Charges (sum of 6a - 6h)	923,951		13,958		937,909
j. Indirect Costs					
k. TOTALS (sum of 6a - 6j)	\$ 923,951	\$ -0-	\$ 13,958	\$	\$ 937,909
7. Program Income	\$	\$	\$	\$	\$

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Previous Edition Usable

Standard form 424A (Rev.7-97)  
Prescribed by OMB Circular A-102

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Head Start PA22	\$	\$	\$ 230,988	\$ 230,988	
9.			3,490	3,490	
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$ 234,478	\$ 234,478	
SECTION D - FORCASTED CASH NEEDS					
	Total for 1 <sup>st</sup> Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 - 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

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## BUDGETARY JUSTIFICATION

### EQUIPMENT

Playground:

Jungle Jim	1	@	500
Merry-Go-Round	1	@	500
Tree House	1	@	1,000
Play System	2	@	9,000

(includes swings, tire swing, rope climber, slide, tree top tent, and teeter-totter, etc., includes set-up cost and delivery)

**TOTAL EQUIPMENT COST      \$20,000**

### FACILITY RENOVATION

#### *Lollipop Center Wall Street Location*

Replace Roof	7,000
280 hrs. X \$25 per hr. (includes material)	

Interior Insulation	3,000
150 hrs. X \$20 per hr.	

Floor Repair	2,000
100 hrs. X \$20 per hr.	

Repair Ceiling	7,000
350 hrs. X \$15 per hr.	

Painting Walls	1,000
66.67 hrs. X \$15 per hr.	

Replace Windows	<u>5,000</u>
200 hrs. X \$25 per hr. (includes material)	

**TOTAL RENOVATION      \$25,000**

## **PROGRAM NARRATIVE – BUDGET REVISION**

The Head Start program is located in Munchkin County and a recent storm caused excess damage to the facility located on Wall Street. The roof had considerable damage, playground equipment was completely demolished, the floor and interior walls sustained water damage due to excessive flooding and flying debris broke windows. Classes have been temporarily moved to a portable facility donated temporarily by the OZ Independent School District until the facility is repaired. OZ donated the portable building to us for eight months after which the school district will need it for their programs. To continue to operate two classrooms (34 children) and avoid any interruptions in services to children and families in Munchkin County is requesting authorization to renovate the facility on Wall Street. Funds are available in the current budget. Two positions are vacant due to the resignation of one teacher and retirement of a center director. The duties have been absorbed by other positions within the agency until filled. Therefore, funds in salary (\$17,000) and fringe (\$28,000) object class categories are available to be moved to equipment and renovation at this time.

An effort was made to acquire comparable facilities in the local area. Since the building on Wall Street is a donated facility, it would be more economical to repair it in comparison to obtaining a lease agreement for \$75,000 per year.

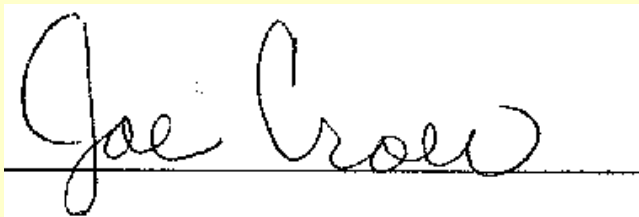
Price comparisons were done based on the bids received from the local area to avoid excessive expenditures and obtain the most economical rate.



## **POLICY COUNCIL MEETING NOVEMBER 10, 2001**

At the regular monthly meeting, the Head Start Budget Revision grant application was presented by Lillie Lott, Head Start Director. The Budget Revision is to purchase playground equipment and make renovations due to recent storm. Funds are being transferred from personnel and fringe to compensate for this emergency.

Lady Muffet made a motion to approve the Budget Revision Request and Curley Joe seconded the motion. The motion passed unanimously.

A handwritten signature in black ink, reading "Joe Crow", is written over a horizontal line. The signature is cursive and fluid.

Joe Crow, Chairperson  
Policy Council Chairperson

1.RECIPIENT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
**FINANCIAL ASSISTANCE AWARD**

SAI NUMBER:

**T-60**PMS DOCUMENT NUMBER:  
06CH0008/12

<b>1. AWARDING OFFICE:</b> Regn Vi For Children And Families		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant	<b>3. AWARD NO.:</b> 06CH0008/12	<b>4. AMEND. NO.:</b> 1
<b>5. TYPE OF AWARD:</b> SERVICE		<b>6. TYPE OF ACTION:</b> Revision (*)		<b>7. AWARD AUTHORITY:</b> 42 USC 9801 ET SEQ.
<b>8. BUDGET PERIOD:</b> 06/01/2001 THRU 05/31/2002		<b>9. PROJECT PERIOD:</b> INDEFINITE		<b>10. CAT NO.:</b> 93600
<b>11. RECIPIENT ORGANIZATION:</b> Dipsy Doodle Community Action Program 2710 Wall Street Lollipop OK 12345 Linus Lion, Board President			<b>12. PROJECT / PROGRAM TITLE:</b> Head Start	
<b>13. COUNTY:</b> OKMULGEE	<b>14. CONGR. DIST:</b> 01		<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> The Star Wizard, Executive Director	

16. APPROVED BUDGET		17. AWARD COMPUTATION:		
Personnel.....	\$ 570,640	A. NON-FEDERAL SHARE	\$ 234,478	20.00 %
Fringe Benefits.....	\$ 112,843	B. FEDERAL SHARE	\$ 937,909	80.00 %
Travel.....	\$ 4,899	<b>18. FEDERAL SHARE COMPUTATION:</b>		
Equipment.....	\$ 20,000	A. TOTAL FEDERAL SHARE	\$ 937,909	
Supplies.....	\$ 12,992	B. UNOBLIGATED BALANCE FEDERAL SHARE	\$ 4,256	
Contractual.....	\$ 76,079	C. FED. SHARE AWARDED THIS BUDGET PERIOD.	\$ 933,653	
Facilities/Construction.....	\$ 25,000	<b>19. AMOUNT AWARDED THIS ACTION:</b>		\$ 0
Other.....	\$ 115,456	<b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>		\$
Direct Costs.....	\$ 937,909	<b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b> DEDUCTIVE		
Indirect Costs.....	\$ 0			
In Kind Contributions.....	\$ 0	<b>22. APPLICANT EIN:</b> 1-760539514-A1	<b>23. PAYEE EIN:</b> 1-760539514-A1	<b>24. OBJECT CLASS:</b> 41.51
<b>Total Approved Budget (**)..</b>	<b>\$ 937,909</b>			

**25. FINANCIAL INFORMATION:****26. REMARKS:** (Continued on separate sheets)

Client Population: 277.

This grant is paid by the Payment Management System (PMS) See attached payment info.

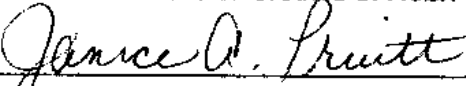
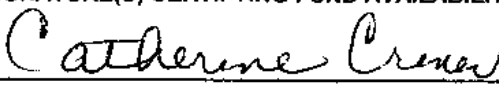
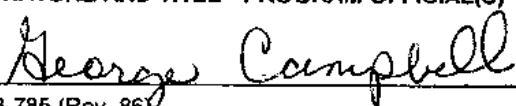
Attached are terms and conditions remain in effect.

(\*)Other (See Remarks)

(\*\*)Reflects only federal share of approved budget.

(\*\*\*)Cost under the line item 'Facilities/Construction' are to be used as described in the grantee's application for the following: Facility Purchase Amount \$0; Major Renovation Amount \$25,000; and Construction Amount \$0.

This action approves requested rebudgeting within total federal approved budget for equipment (\$201000) and renovation (\$25,000).

<b>27. SIGNATURE - ACF GRANTS OFFICER</b> 		<b>DATE:</b> 1/15/02	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b> 	
<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b> 		<b>DATE:</b> 1/15/02		

T-61

**CARRY FORWARD (ROLL FORWARD)  
SUPPLEMENTAL**

## SUPPLEMENTAL APPLICATION REQUIREMENTS\*

- SF 424 (Application for Federal Assistance)
- SF 424A (1-2) (Budget Information Non-Construction Programs)
- Budget Justification (Breakdown) For Increased Object Class Categories or GABI
- Copy of Delegation for Authorizing Official (Executive Director or designated individual)
- Program Narrative Statement
- Policy Council Approval (Must be Signed by the Policy Council Chairperson)
- Additional Mandated Forms In Accordance with Yearly Funding Guidance

*\*(Carry Forward requests require a Final SF – 269 certifying the availability of funds)*

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED:</b> 12/21/2001		Applicant Identifier    06CH0008  <div style="text-align: right; font-size: 2em; font-weight: bold;">T-63</div>	
<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE:</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Dipsy Doodle Community Action Program			Organizational Unit: Dipsy Doodle Community Action Program		
Address (give city, county, state, and zip code) 2710 Wall Street Lollipop, OK 12345 Okmulgee			Name and telephone number of the person to be contacted on matters involving this <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Budget Man</span> <span>123-456-7890</span> </div>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block;">             76 — 0539514           </div>			<b>7. TYPE OF APPLICANT (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (specify)    NON-PROFIT</div> </div>		
<b>8. TYPE OF APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(ex): <span style="border: 1px solid black; padding: 0 5px;">A</span> <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award                      B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>D. Decrease Duration                      Other (specify):</div> </div>			<b>9. NAME OF FEDERAL AGENCY</b> REGION VI ADMIN FOR CHILDREN & FAMILIES		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <span style="border: 1px solid black; padding: 0 5px;">9</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> • <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">0</span>  TITLE: Full Year Head Start			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  COMPREHENSIVE PRE-SCHOOL CHILD DEV PROG		
<b>12. AREAS AFFECTED BY PROJECT</b> OKMULGEE					
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date 6/01/2001	Ending Date 5/31/2002	a. Applicant		b. Project                      01	
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a Federal	\$                      45,291.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  <div style="display: flex; justify-content: space-between;"> <div>DATE                      <u>3/01/2001</u></div> </div>			
b Applicant	\$                      11,323.00	b No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c State	\$                      0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d Local	\$                      0.00				
e Other	\$                      0.00				
f Program Income	\$                      0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
g Total	\$                      56,614.00	<input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a Typed Name of Authorized Representative <div style="text-align: center;">THE STAR WIZARD</div>		b Title <div style="text-align: center;">EXECUTIVE DIRECTOR</div>		c Telephone number <div style="text-align: center;">1234567890</div>	
b Signature of Authorized Representative				E Date Signed <div style="text-align: center;">12/21/2001</div>	

# BUDGET INFORMATION -Non-Construction Programs

OMB Approval N. 0348-0044

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Program Operation	93.600			\$45,291	\$11,323	\$56,614
2. T&TA	93.600			\$0		\$0
3.						
4.						
5. Totals				\$45,291	\$11,323	\$56,614

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Program Operation	(2) T&TA	(3)	(4)	
a. PERSONNEL	\$0	\$0			\$0
b. FRINGE BENEFITS	\$0	\$0			\$0
c. TRAVEL	\$1,000	\$0			\$1,000
d. EQUIPMENT	\$25,000	\$0			\$25,000
e. SUPPLIES	\$5,000	\$0			\$5,000
f. CONTRACTUAL	\$0	\$0			\$0
g. CONSTRUCTION	\$0	\$0			\$0
h. OTHER	\$14,291	\$0			\$14,291
i. TOTAL DIRECT CHARGES	\$45,291	\$0			\$45,291
j. INDIRECT COSTS	\$0	\$0			\$0
k. TOTALS	\$45,291	\$0			\$45,291
7. Program Income					

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Standard form 424A (Rev.7-97)  
Prescribed by OMB Circular A-102